DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

August 18, 1989

ALL COUNTY INFORMATION NOTICE NO. I-56-89

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16,
          CA 8A (7/89)

REFERENCE: All County Letter #89-52, June 8, 1989

The purpose of this letter is to transmit a reference copy of the
Statement of Facts to Add a Child Under Age 16, CA 8A (7/89). The
form was originally developed to add only a newborn child to the AFDC
assistance unit and the Food Stamp household. However, as a result
of a field test conducted in Butte, Merced, Napa, San Bernardino,
San Joaquin, Santa Clara and Sutter counties, suggestions were
received to extend use of the form to all children up to age 16
years. All field test counties found the form easy to use and
recommended it to add a child to the AFDC assistance unit or to the
Food Stamp household. The CA 8A is a recommended form for use at
county option; it is not a required form.

Along with suggestions received from the field test counties for
improvement of the form, development of the CA 8A was accomplished
with the support of the CWDA Forms Sub-Committee.

FORM USE

The following are examples of how the CA 8A could be used and are
restated in the form instruction section attached to this letter.

If a newborn child is being added to an AFDC assistance unit,
information on the father, if living in the home, will already have
been gathered on the CA 1, Application for Public Assistance, and the
CA 2, Statement of Facts (refer to ACL #89-52). At the time of the
child's birth, the father, if all eligibility factors are met, will
be added along with the newborn to the assistance unit. The CA 8A
could be used at this point to document the addition of the newborn.

If the father moves into the home at the time of the baby's birth, a
new CA 2 or CA 8 should be used to document the addition of the
newborn and father to the AFDC assistance unit in accordance with MPP
40-118.1. For Food Stamps, a new DFA 285-A2 may be given or the most
recent DFA 285-A2 may be updated with the new information; or, a CA 8
may be provided to the household for completion.

In situations where a child alone comes into the home, only a
CA 8A need be given. However, forms currently in use for the
respective programs could be taken instead: the CA 2, CA 8 or the
DFA 285-A2.

STOCK AND TRANSLATIONS

The CA 8A will not be stocked in the DSS Warehouse because it is
not a required form. If counties request it, we may consider
stocking the form in the future.

Counties interested in receiving reproducible copies of the
CA 8A in English and/or the Cambodian, Chinese, Lao, Spanish and
Vietnamese translations, may contact Shirley Lu, Language Services
Bureau at (916) 323-9562 or ATSS 473-9562.

If there are any questions regarding the CA 8A, please call
Le Anne Torres, AFDC and Food Stamp Policy Implementation Bureau at
(916) 324-2016 or ATSS 454-2016.

ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

FORM INSTRUCTIONS
(FOR CWD)

Statement of Facts to Add a Child Under Age 16, CA 8A (7/89)
(Supplemental application and request for Cash Aid and/or Food
Stamps)

PURPOSE

The CA 8A is one of several acceptable methods of collecting
information needed to add a child under age 16 years to the Cash
Assistance unit and/or the Food Stamp household. If more than
one child is added, one form is completed for each.

FORM USE

If a newborn child is being added to an AFDC assistance unit,
information on the father, if living in the home, will already
have been gathered on the CA 1, Application for Public
Assistance, and the CA 2, Statement of Facts (refer to
ACL #89-52). At the time of the child's birth, the father, if
all eligibility factors are met, will be added along with the
newborn to the assistance unit. The CA 8A could be used at this
point to document the addition of the newborn.

If the father moves into the home at the time of the baby's
birth, a new CA 2 or CA 8 should be used to document the addition
of the newborn and father to the AFDC assistance unit in
accordance with MPP 40-118.1. For Food Stamps, a new DFA 285-A2
may be given or the most recent DFA 285-A2 may be updated with
the new information; or, a CA 8 may be provided to the household
for completion.

In situations where a child alone comes into the home, only a
CA 8A need be given. However, forms currently in use for the
respective programs could be taken instead: the CA 2, CA 8 or
the DFA 285-A2.

PREPARATION OF QUESTIONS

Questions #1 and #2 are used to gather identifying information.

> NOTE: To establish citizenship/alien status, a CA 64,
> Statement of Citizenship/Alien Status must be completed on
> the child.

Questions #3 and #4 are used to determine deprivation status for an AFDC child. This information is not necessarily pertinent to the Food Stamp program.

Questions #5 and #6 are used to determine if the child is currently receiving Cash Aid or Food Stamp benefits elsewhere. If the child has received benefits elsewhere in the month the CWD intends to add the child to the AFDC assistance unit or the Food Stamp household, he/she would not be eligible for benefits again in that month. For AFDC purposes, the eligibility worker may want to pursue the possibility of an Intercounty Transfer.

Question #7 is used to determine income received by the child. It will be necessary for the applicant to list the source of income, amounts received, dates received and if it is a weekly, bi-monthly or monthly source of income.

Question #8 is used to determine property and resources owned by the child. It will be necessary for the applicant to list each item, give the account number or identifying information and the current value.

Question #9 is used for AFDC purposes and is necessary for gathering information on health insurance coverage. The worker should list the appropriate coverage on the Medi-Cal card.

Question #10 is used to determine the need for CHDP services or other social services. CHDP services must be explained to the applicant. The applicant should be informed of services which are available and be given the choice to request these services. If a request for services is made, the eligibility worker should make the appropriate referral for CHDP or other social services.

SIGNATURES

The caretaker relative, adult Food Stamp household member or Authorized Representative must sign and date the form. For AFDC, the signature of the second cash aided spouse or other parent of cash aided children must also sign and date the form.

COUNTY USE ONLY-Case Disposition

The purpose of this section is to document the date of review by the eligibility worker and to document the disposition of the request to add a child to the AFDC assistance unit and/or the Food Stamp household. A signature area is provided for supervisory review also. Use of this section is a county option.

Statement of Facts to Add a Child Under 16 YEARS
(Supplemental application and request for Cash Aid and/or Food Stamps)

INSTRUCTIONS:
Use this form to tell us about a new child in the home. Fill out the questions below and sign the certification section. If you need more space to answer the questions, attach another sheet of paper. Fill out a form for each child.

If you get Cash Aid, and you want aid for the new child, this form must be completed by the parent or adult caretaker relative.

For Food Stamp households which do not get Cash Aid or do not want Cash Aid for the child, this form must be completed by an adult household member or authorized representative.

COUNTY USE ONLY
CASE NAME
CASE NUMBER
WORKER NAME AND NUMBER
DATE RECEIVED

Specify Verification and Date Viewed:

	Deprivation	SSN	Fed/ Non-Fed	Work Reg.	Citizenship/ Alien Status	Age	FS Household Code
Child							

1. Parent's or Caretaker's Name _____ Phone ( ) _____

   Relationship to child (mother, father, grandmother, etc.) _____

2. Child's name (first, middle, last) _____ Social Security Number* __ __ __

   Birthplace _____ Birthdate __/__/__ Sex (✓) ☐ M ☐ F

3. Mother's name (first, middle, last) _____ Social Security Number* __ __ __

   Child needs aid because of mother's ☐ Absence ☐ Unemployment ☐ Disability ☐ Death ☐ Other (explain)

4. Father's name (first, middle, last) _____ Social Security Number* __ __ __

   Child needs aid because of father's ☐ Absence ☐ Unemployment ☐ Disability ☐ Death ☐ Other (explain)

   ☐ Refugee

5. Did this child get Cash Aid this month? ☐ YES ☐ NO
   If "YES" where:

6. Did this child get Food Stamps this month? ☐ YES ☐ NO
   If "YES" where:

   ☐ Verification provided

7. Does the child get or expect to get any other income, such as:
   Social Security benefits, SSI, Child Support, Veterans Benefits, etc?
   If "YES", list the sources, amounts, and dates received.

8. Does the child own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds or other items?
   If "YES" list each item, account number, and current value. ☐ YES ☐ NO

   ☐ Verification provided

CONTINUED ON REVERSE SIDE

*A Social Security Number (SSN) is required by Section 402(a)(25) of the Social Security Act for Cash Aid recipients and by the Food Stamp Act of 1977, as amended by Public Law 97-98, for each Food Stamp household member. These SSNs are required to ensure the accurate issuance of Cash Aid and Food Stamp benefits to eligible individuals. SSNs are used in computer matching to prevent duplicate participation, to check the identity of individuals, to make changes and for program reviews and audits. Refusal to provide an SSN will result in program ineligibility for the individual for whom the SSN is not provided.

9. Does the child have health insurance, such as: Blue Cross, Kaiser, Champus, Ross Loos, etc., which is paid for by a parent or parent's employer?	☐ YES ☐ NO	**COUNTY USE ONLY**

CERTIFICATION

I understand that failing to report information or misrepresentation of facts for Cash Aid programs or Food Stamps can result in legal prosecution with penalties of a fine, imprisonment or both. In the Food Stamp Program the penalties can result in permanent disqualification from the Program, fines up to $10,000 or imprisonment for up to 5 years. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.

I understand that the information I have provided will be verified by local, state and federal personnel.

I understand that my case may be selected for an additional review to ensure that my eligibility was determined correctly and that I must cooperate fully with county, state and federal personnel in a quality control review.

I understand that to insure that my eligibility and grant determination is correct, benefit and income information will be regularly requested from the Social Security Administration, tax ,welfare and employment agencies to verify the information that I have reported.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this statement of facts is true, correct, and complete.

For Cash Aid Programs, you and your aided spouse or the other parent of an aided child living in the home must sign the form. For the Food Stamp Program, an Adult Household member or Authorized Representative must sign the form.

Signature of Caretaker Relative and/or Adult Food Stamp Household Member or Authorized Representative	Date Signed
►	
Signature of Cash Aided Spouse or Other Parent of Cash Aided Children	Date Signed
►	
Signature of Witness to Mark, Interpreter, or Other Person Completing Form	Date Signed
►	

COUNTY USE ONLY

☐ INELIGIBLE (reason) _____

☐ ELIGIBLE	Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:
Signature of Eligibility Worker		Date	
Signature of Supervisor		Date	